

SUBSTANCE ABUSE AND NEED FOR TREATMENT AMONG ARRESTEES
IN WISCONSIN

Executive Summary and Implications

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EXECUTIVE SUMMARY AND IMPLICATIONS

In Wisconsin there are about 315,000 adult and 145,000 juvenile felony and misdemeanor arrests each year. These arrests are rising at a rate of about 5 percent each year. In an estimated 65 percent of the adult arrests, the offender is booked into jail (205,000). Of those booked into jail, about 15 percent are incarcerated (jail or prison) for a significant period of time; thirty percent remain under supervision (probation); and the remaining 55 percent are at liberty within a short period of time.

An estimated 12 percent of the 145,000 juvenile arrests result in secure detention center admissions (18,200). Substance abuse prior to jail and detention center admission is the subject of this report. A wide range of societal problems are associated with the abuse of alcohol and other drugs by persons prior to entering the criminal justice system. These include arrest, prosecution and incarceration costs, victimization, loss of property, assault and bodily injury, medical costs, and, in too many instances, death. While there is insufficient evidence to support the assertion that substance abuse usually causes crime, there is ample evidence to suggest that substance abuse is associated with crime because:

- 1) dependence on mood altering substances drives the addict to commit income-generating crimes like theft, burglary, robbery, drug selling, and prostitution;
- 2) the myriad of forces that produce antisocial behavior also produce drug abuse; and,
- 3) crime may be the result of impaired thought processes, intoxication, or a paranoid, violent or bizarre reaction to a drug.

This study of Substance Abuse and Need for Treatment Among Arrestees had three principal purposes: *to document the extent of illicit drug use just prior to jail admission; to assess the extent of treatment need among arrestees; and to identify the gap between those desiring treatment and those actually receiving treatment.*

Policy makers need objective data on the prevalence of substance abuse by arrestees to provide more effective prevention, intervention, rehabilitation, and sanctions for persons entering the criminal justice system. Despite the attention given to issues of substance abuse and crime, little hard data currently exists on the prevalence of substance abuse among arrestees in Wisconsin.

About six years ago, Congress passed a law (P.L. 102-321; Sec. 1929) requiring the federal Department of Health and Human Services to obtain needs assessment data from states in exchange for the allocation of Block Grant funds. Wisconsin receives over \$20 million annually from this fund. This study is funded under a federal Substance Abuse and Mental Health Services Administration (SAMHSA) needs assessment contract (270-95-0011). Similar studies have been conducted in several other states. The study closely followed the guidelines and protocols developed by SAMHSA and the National Technical Center at Harvard University. This report fulfills one of the goals of the needs assessment contract, which was to provide substance abuse prevalence and treatment need data to state planners and policy makers. In addition to this study, the contract includes four other studies: (1) a treatment capacity study; (2) a statewide household substance abuse survey; (3) a composite indicators study; and (4) a pregnant women study.

To conduct the study, the State Department of Health and Family Services entered into a subcontract with Wisconsin Correctional Service, Inc., Milwaukee, and the UW-Milwaukee Criminal Justice Program to complete interviews and urine screens on a cross-section of Wisconsin arrestees.

During 1996, study researchers interviewed 461 adults and 187 juveniles within 48 hours of being "booked" into county jails or detention centers (for a variety of offenses) from a sample of Wisconsin counties. The sample was limited to those arrestees who were "at liberty" at the time of their arrest, so many of them had just committed a crime. The counties included in this study were selected to represent diverse regions and population densities in Wisconsin in hopes of providing insights into the drug treatment needs of arrestees not only in a highly urban area but also in moderately urban and somewhat rural communities. The sample counties are representative of: 1) Milwaukee County; 2) counties with medium-sized cities like Dane, Racine, Outagamie, or Brown; and 3) counties that have small-sized cities like Marathon, Wood, Manitowoc, or Portage. Funding constraints precluded sampling from a predominantly rural county. In addition, voluntary drug tests were completed on 193 adults and 74 juveniles in the interviewed sample. While the rate of participation in the voluntary interviews was comparable to other similar studies (84 percent in Wisconsin vs. an 11-state average of 82 percent), the rate of volunteers for the drug tests (urinalysis) was slightly lower (42 percent in Wisconsin vs. an 11-state average of 45 percent). The researchers thought that the rates could have been improved had they had more funds to provide incentives to the participants.

The average age of the adult sample was in the mid-twenties. The average age of the juvenile sample was about 15. Forty percent of the adult and juvenile samples were female. Forty-five percent were African American; 42 percent were Caucasian. Twenty-eight percent of the adult sample participants were arrested for felonies; 17 percent of the juvenile sample were arrested for felonies. The next two tables present various sample county characteristics and respondent statistics:

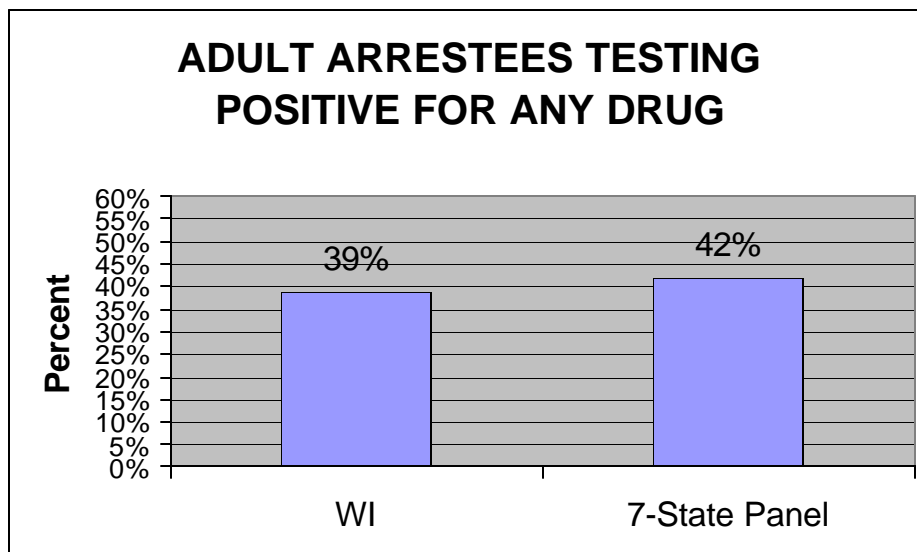
Sample County Characteristics

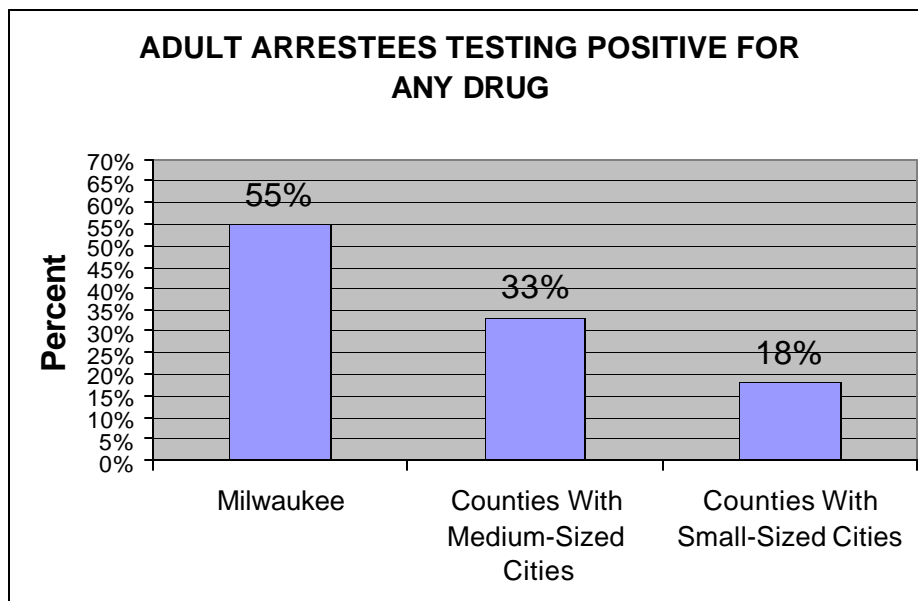
	Milwaukee County	Sample Counties With Medium-Sized Cities	Sample Counties With Small-Sized Cities
Total County(ies) Population	959,275	561,679	135,010
Population Density of County(ies) (pop. per sq. mi.)	3,971	336	84
Percent of County(ies) Population Residing in Cities over 10,000 Population	97%	67%	44%
# Adult Arrests	92,930	31,122	5,332
# Adult Jail Admissions	52,950	22,350	3,470
# Juvenile Arrests	32,126	15,291	2,992

Sample County Respondent Statistics

	Milwaukee County	Sample Counties With Medium-Sized Cities	Sample Counties With Small-Sized Cities
# Adults Interviewed	233	171	57
# Juveniles Interviewed	116	48	23
Total Interviewed	349	219	80
# Adult Drug Tests	78	81	34
# Juvenile Drug Tests	52	11	11
Total Drug Tests	130	92	45

Traces of illicit, mood altering drugs remain in the body's tissues for at least 48 hours. Through urinalysis (drug testing for heroin, cocaine, marijuana, stimulants, depressants, and hallucinogens), study researchers were able to approximate the percentage of adult and juvenile crime that is committed under the influence of an illicit drug. Of the 193 adults who volunteered for drug tests, 39 percent tested positive for any illicit drug. There was a strong correlation between population density and positive drug tests. In the Milwaukee County subsample, 55 percent tested positive; in the medium-sized city sample, 33 percent tested positive; in the small-sized city sample, 18 percent tested positive. The most common drug for the entire adult sample was marijuana (THC). In the Milwaukee County adult sample, the most common drug was cocaine. Heroin accounted for 6 percent of the adult Milwaukee sample.





Juvenile drug test results were considered somewhat biased due to the low rate of participation, the corresponding low sample numbers, and the inconsistency among the subsamples. Seven states conducting similar studies found that an average of about 41 percent of arrested juveniles test positive for any drug, primarily marijuana. The biased juvenile rate in the Wisconsin study is considered low at 26 percent.

While the "biased" positive drug test rates were generally low among juveniles in Wisconsin, self report data from the interviews (which were considered valid) showed that, in the past six months, 62 percent of arrested juveniles had used marijuana; 11 percent had used hallucinogens; 9 percent had used a stimulant; 7 percent had used cocaine; 2 percent had used heroin; and 2 percent had used inhalants.

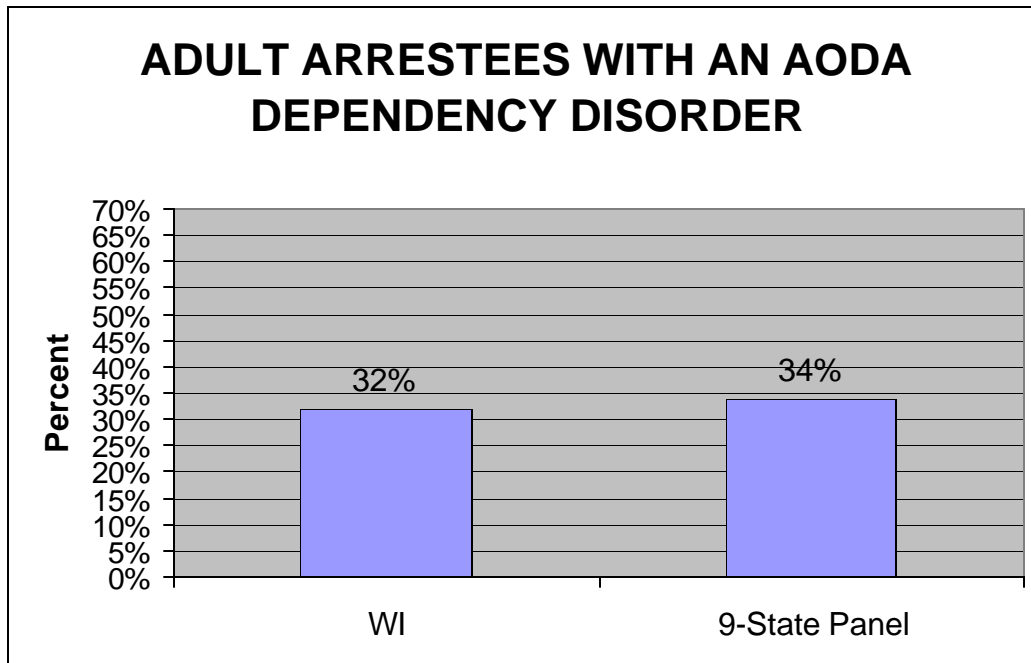
The next item of importance was the percent of arrestees in need of addictions treatment or rehabilitation. It is important to note that these results include alcohol. Treatment need was determined through personal interview using a structured substance dependency questionnaire that is accepted by the medical community. The graph on the next page presents the proportion of arrestees who had sufficient recent symptoms to be classified as having an alcohol or other drug disorder (i.e. dependency or abuse according to the DSM IIIR criteria) and is, therefore, in need of treatment.

Findings from the self-reported drug and alcohol use of respondents revealed that, for the 461 adult arrestees interviewed, 150 or 32 percent had an alcohol or other drug dependency disorder. This is just slightly lower than a 9-state average (34 percent). The primary addictive substance was alcohol followed by cocaine and then marijuana. In 1995, Department of Corrections' (DOC) screening of prison admissions found that 64 percent of prisoners had education or treatment needs related to alcohol or other drugs. The lower rate (32 percent) among bookings in our arrestee study can be explained by three factors:

- 1) The tool used to determine alcohol/drug abuse disorders in our arrestee study was

the DSM IIIR diagnostic interview which asks much more detailed questions about behaviors than the DOC screen;

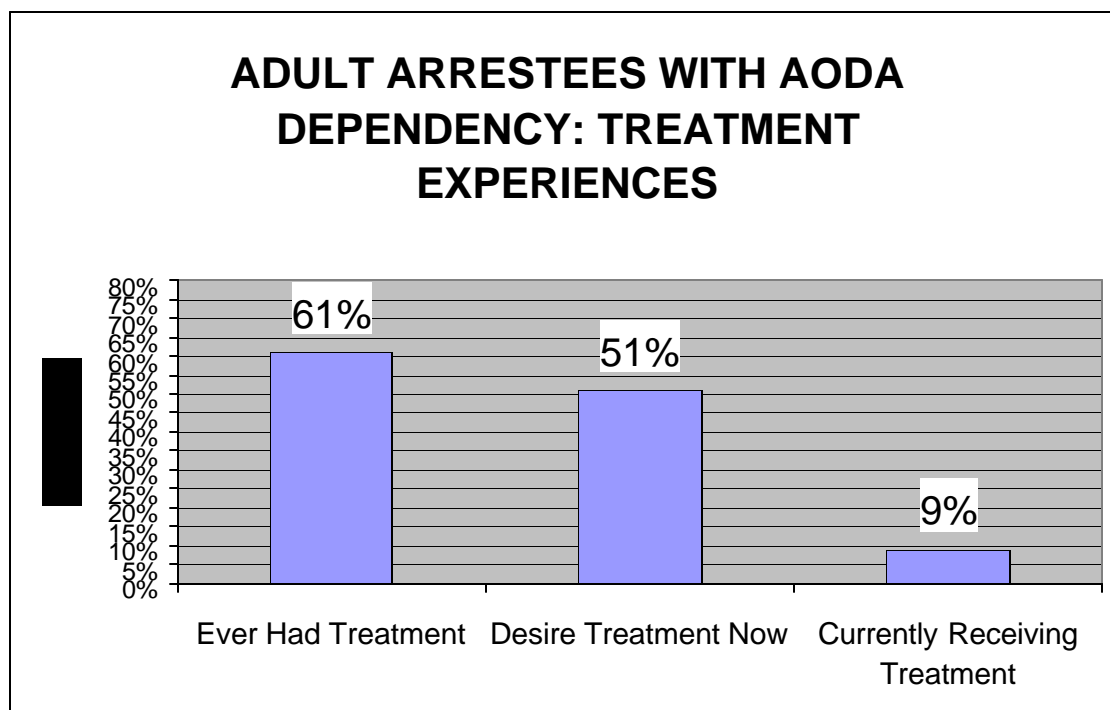
- 2) The DOC screen is intended to identify prisoners that had education needs related to alcohol and other drugs as well as treatment needs; and
- 3) The arrestee study respondents are a different mix of offender (milder social deviancy in general) in that their offenses are somewhat less likely to result in lengthy incarceration.



As with the drug test results, the juvenile data on dependency disorders is considered biased. Of the 187 juveniles interviewed, 34 or 18 percent had a current dependency disorder. This is considered somewhat high in that a 6-state average found that about 9 percent of arrested juveniles had dependency disorders. The primary drug of addiction in the Wisconsin juvenile sample was marijuana, not alcohol. While projecting county estimates is not possible for the juvenile data, we can make a "low-end" estimate of the statewide need for treatment among juvenile detention center admits. Department of Corrections data estimate 18,200 juvenile detention center admissions in 1996. Using the 9 percent dependency figure from the 6-state

panel as the treatment need rate, this would indicate that at least 1,640 juvenile detention center admissions are in need of treatment each year.

With regard to treatment experiences and needs, 61 percent of the adult arrestees with dependency disorders had received treatment at some time in the past; 51 percent desired treatment now; and only 9 percent were currently receiving treatment. These data clearly show the gap between need for and availability of treatment for persons entering the criminal justice system. The juvenile sample of dependents (n=34) was considered too small for further analysis of treatment experiences. The biased juvenile data showed that 50 percent of juvenile dependents had received treatment in the past; 24 percent desire treatment now; and 15 percent are actually getting treatment.



The table of statistics on the next page presents estimates of drug use and treatment need among Wisconsin counties. It should be noted that of the 65,608 offenders identified as needing treatment, 15 percent (9,840) would likely be incarcerated for a significant period of time and therefore would not be candidates for community-based treatment.

ADULT ARRESTEES
DRUG USE and TREATMENT NEED
County Estimates: 1996

COUNTY	ADULT JAIL ADMITS 1996	DRUG USE FACTOR	ESTIMATED DRUG USERS	TREATMENT NEED FACTOR	ESTIMATED TREATMENT NEED
Adams	1048	0.09	94	0.32	335
Ashland	767	0.09	69	0.32	245
Barron	1219	0.09	110	0.32	390
Bayfield	534	0.09	48	0.32	171
Brown	8051	0.33	2657	0.32	2576
Buffalo	381	0.09	34	0.32	122
Burnett	500	0.09	45	0.32	160
Calumet	812	0.09	73	0.32	260
Chippewa	1949	0.09	175	0.32	624
Clark	564	0.09	51	0.32	180
Columbia	2145	0.09	193	0.32	686
Crawford	257	0.09	23	0.32	82
Dane	14300	0.33	4719	0.32	45/6
Dodge	1919	0.09	173	0.32	614
Door	600	0.09	54	0.32	192
Douglas	1965	0.18	354	0.32	629
Dunn	1233	0.09	111	0.32	395
Eau Claire	4268	0.33	1408	0.32	1366
Florence	75	0.09	7	0.32	24
Fund du Lac	2912	0.18	524	0.32	932
Forest	536	0.09	48	0.32	172
Grant	937	0.09	84	0.32	300
Green	757	0.09	68	0.32	242
Green Lake	673	0.09	61	0.32	215
Iowa	781	0.09	70	0.32	250
Iron	156	0.09	14	0.32	50
Jackson	1307	0.09	118	0.32	418
Jefferson	3643	0.09	328	0.32	1166
Juneau	1098	0.09	99	0.32	351
Kenosha	6911	0.33	2281	0.32	2212
Kewaunee	402	0.09	36	0.32	129
La Crosse	4516	0.33	1490	0.32	1445
Lafayette	293	0.09	26	0.32	94
Langlade	684	0.09	62	0.32	219
Lincoln	674	0.09	61	0.32	216
Manitowoc	3231	0.18	582	0.32	1034
Marathon	3897	0.18	701	0.32	1247
Marinette	1688	0.09	152	0.32	540
Marquette	482	0.09	43	0.32	154
Menominee	160	0.09	14	0.32	51
Milwaukee	52954	0.55	29125	0.32	16945
Monroe	1887	0.09	170	0.32	604
Oconto	960	0.09	86	0.32	307
Oneida	1545	0.09	139	0.32	494
Outagamie	5588	0.33	1844	0.32	1788
Ozaukee	3327	0.18	599	0.32	1065
Pepin	149	0.09	13	0.32	48
Pierce	583	0.09	52	0.32	187
Polk	1475	0.09	133	0.32	472
Potage	1417	0.18	255	0.32	453
Price	451	0.09	41	0.32	144
Racine	7861	0.33	2594	0.32	2516
Richland	491	0.09	44	0.32	157
Rock	6909	0.33	2280	0.32	2211
Rusk	518	0.09	47	0.32	166
St. Croix	2643	0.09	238	0.32	846
Sauk	2131	0.09	192	0.32	682
Sawyer	713	0.09	64	0.32	228
Shawano	2686	0.09	242	0.32	860
Sheboygan	3038	0.33	1003	0.32	972
Taylor	672	0.09	60	0.32	215
Trempealeau	819	0.09	74	0.32	262
Vernon	799	0.09	72	0.32	256
Vilas	1101	0.09	99	0.32	352
Walworth	5823	0.09	524	0.32	1863
Washburn	631	0.09	57	0.32	202
Washington	2508	0.18	451	0.32	803
Waukesha	8183	0.33	2700	0.32	2619
Waupaca	1535	0.09	138	0.32	491
Waushara	699	0.09	63	0.32	224
Winnebago	4554	0.33	1503	0.32	1457
Wood	2050	0.18	369	0.32	656
STATE TOTAL	205025		62532		65608

Sources: Department of Corrections; SANTA study data

Notes: Jail admit data for Menominee County is estimated. Milwaukee House of Correction admits omitted. Estimates are based on jail admissions and may represent duplicate counts.

Crime is rising and it is apparent that without effective sanctions, intervention and rehabilitation, the arrested addict is left to continue a life of antisocial behavior, crime, and low productivity, and to persist in causing enormous social and economic costs to society. Using the results from this study and jail admission statistics, each year, at least 62,000 adult arrestees are under the influence of illicit drugs just prior to arrest and 65,000 arrestees are in need of treatment for alcohol or other drug abuse. The gap between those arrestees in need of treatment and those actually receiving it is immense.

Since this report was completed under the auspice of the State of Wisconsin Department of Health and Family Services, its remedies will focus on effective rehabilitation. The scientific literature has concluded that substance abuse treatment can have positive effects on criminal justice populations and save costly jail days. At least 30 percent fewer criminals are rearrested when treatment is provided. Approaches that seek to provide alternatives to incarceration for addicts, including drug courts, and community treatment after sentences have been served, have shown to produce results far more beneficial to the addict and society than incarceration alone.

Studies of addiction treatment on a national scale have found that for each dollar invested, there is a return of \$4 to \$7 through increased productivity, and reduced crime and criminal justice system costs. We also know that treatment works in Wisconsin with criminally involved addicts. A University of Wisconsin study of the legislatively adopted (ss. 46.65) Treatment Alternative Program (TAP), which has been implemented in three Wisconsin counties, found that TAP significantly reduced recidivism, jail days, and substance use in a cost-effective manner. The TAP study further pointed out that for each dollar spent on TAP, \$1.80 to \$4 is saved in averted criminal justice and incarceration costs. For juveniles, an effective juvenile court intake diversion program has been implemented in nine counties (ss. 48.547).

Those state and county agencies coming in contact with persons entering the criminal justice system have the responsibility to coordinate their efforts and apply solutions that will reduce recidivism. There is a need for improved collaboration among District Attorneys, Judges, Corrections and treatment system personnel. State and county criminal justice and treatment policy makers should consider these initiatives:

- ☐ All persons entering the criminal or juvenile justice systems should receive at least an alcohol and drug abuse screen;
- ☐ Pretrial, presentence, and post-adjudication alternatives should be pursued that can place addicts into specialized community treatment programs with drug testing and uniformly applied incarceration sanctions for dirty urines;
- ☐ After incarceration, relapse prevention should be made available in specialized community treatment programs; and
- ☐ Increase the drug abuse program improvement surcharge [for example from 50 percent to 75 percent (ss. 161.41)] to generate additional revenue to help finance these initiatives.